Chairperson
Glenn L. Damato
Trustees
Brian Hamerman
J.T. Lydon
Juanita M. Jordan
Eric Reiss
Anthony Distefano
Irene Laracuenta
Donna Orr
John Stubbs

## New York State Court Clerks Association Security Benefits Fund

170 Duane Street, New York. NY 10013 Office: (212) 941-5700 Fax: (212) 941-5705 www.nyscourtclerks.org



## Optical Reimbursement Form Retired

TOTAL AMOUNT:			
	Member's Signature:		Date:
I certify that the information given is correct and authorize release of any information necessary to process this claim.			
E-mail Address	Telephone No.	Date of Service MM / DD / YY	Relationship to Member
Patient's Last Name	Patient's First Name		Patient's Date of Birth MM / DD / YY
City	State	Zip	Active Retired
Member's Mailing Address		Apt. No.	Member's Date of Birth MM / DD / YY
Member's Last Name	Member's First Name		Member's Social Security No.

This benefit provides reimbursement up to a maximum of \$250 per calendar year.

ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2021

## **Attach Copies of Original Receipts to This Claim Form**

Please attach itemized receipt that contains: Patient's Name, Date of Service, the prescription and proof of payment.

Mail completed forms to:

New York State Court Clerks Association C/O Daniel H. Cook Associates, Inc. 253 West 35<sup>TH</sup> Street, 12<sup>TH</sup> Floor New York, NY 10001 (212) 505-5050